



NH DEPARTMENT OF CORRECTIONS  
EMPLOYMENT BACKGROUND INVESTIGATION  
PACKET-COT

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

LEGAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS (if different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

For questions please call the NH Department of Corrections Recruiting Office at 603-271-5645

## **NH DEPARTMENT OF CORRECTIONS MISSION STATEMENT**

*Our mission is to provide a safe, secure and humane correctional system through effective supervision and appropriate treatment of offenders, and a continuum of services that promote successful re-entry into society for the safety of our citizens and in support of crime victims.*

### **Core Values Statement:**

*The New Hampshire Department of Corrections is committed to fulfilling its mission by upholding the following values:*

#### **Integrity**

*We adhere to the highest ethical standards and accept responsibility for our decisions and actions.*

#### **Respect**

*We treat all employees, offenders and the public with fairness, honesty and dignity, while recognizing individual diversity.*

#### **Professionalism**

*We are firm, fair and consistent in the performance of our duties and responsibilities. We strive for excellence and take pride in maintaining high quality services, as reflected by our performance, our appearance, and our commitment to lifelong learning. We build trust and teamwork in the workplace by providing positive support and promoting cooperation and communication.*

#### **Collaboration**

*We promote positive relationships through cooperation and collaboration in partnership with others as we strive to achieve common goals.*

#### **Accountability**

*We adhere to holding ourselves and our co-workers accountable in carrying out our mission, values, policies and directives, and in upholding the laws of the State of New Hampshire.*

### **Victim Recognition Statement:**

*The NH DOC recognizes and respects the impact of crime upon victims and their families. We acknowledge and support the rights of crime victims, remaining mindful of our role in their process of recovery.*

### **Vision Statement:**

*The NH Department of Corrections is an integral part of the criminal justice system, strengthening public safety by achieving excellence in correctional practices.*

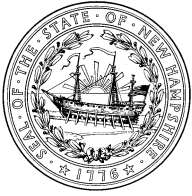
## *Instructions*

Please read each page carefully and fill in each section with complete information. It is important for you to note that all statements may be investigated by the NH Department of Corrections; any misrepresentation or omission(s) on your part will cause your application with the NH Department of Corrections to be rejected. Further, should you attain employment with the NH Department of Corrections and an investigation discloses any misrepresentation or omission(s), your employment may be terminated.

---

Signature

Date



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
HUMAN RESOURCES

P.O. BOX 1806  
CONCORD, NH 03302-1806  
603-271-5650 FAX: 603-271-3345  
TDD Access: 1-800-735-2964

William L. Wrenn  
Commissioner

Lisa Currier  
Administrator

**This form will be used to conduct criminal records check, motor vehicle check and for fingerprinting processing.**

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF STATE POLICE  
COMMUNICATION CENTER

REQUESTING AGENCY	DEPARTMENT OF CORRECTIONS
STATE(s) _____	
<input type="checkbox"/> <u>MOTOR VEHICLE RECORD CHECK</u>	
<input checked="" type="checkbox"/> <u>CRIMINAL RECORD CHECK</u>	<input checked="" type="checkbox"/> <u>FINGERPRINTING</u>

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

DATE OF BIRTH\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_  
\*YR MO DAY

SOCIAL SECURITY NUMBER: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (HR black out SS# on copy to go to fingerprinting)

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
City State

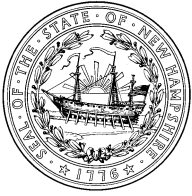
\_\_\_\_\_  
SIGNATURE DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Facility where fingerprinting conducted: \_\_\_\_\_ (please print)  
Employee who conducted fingerprinting: \_\_\_\_\_ (please print first and last name)

**Return all documentation including this release to Human Resources upon completion.**

REV:5/2013



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## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of any and all records, including medical records, concerning myself to any duly authorized agent of the New Hampshire Department of Corrections whether said records are of a public, private or confidential nature. This shall include photocopies of any such documents if requested. **It has been explained that while I am employed with the NH Department of Corrections a criminal record check, including fingerprinting, will be conducted at least every five years to meet the standards of the Federal Prison Rape Elimination Act as well as the Criminal Justice Information Systems Standards.**

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorized release will be considered in determining my suitability for employment by the NH Department of Corrections. I also certify that any persons, agencies, or business who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information.

I have had it explained to me, and I fully understand that refusal to grant authorization will not, of itself, constitute a basis of rejection of my application.

This authority shall continue for one year from the notarized date unless sooner revoked by me in writing.

A photocopy of this release form will be valid as an original, even though said photocopy does not contain an original signature.

\_\_\_\_\_  
Signature (Include maiden name)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

REV: 5/2013

STATE OF NEW HAMPSHIRE S.S.  
(County of Merrimack)

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_

\_\_\_\_\_  
Notary

Commission Expires:



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Commissioner**

**Lisa Currier  
Administrator**

Department of Corrections  
PO Box 1806  
Concord, NH 03302-1806

To Whom It May Concern:

I have made an application for employment with the New Hampshire Department of Corrections.

It has been explained to me that one of the requirements for employment is a satisfactory criminal/motor vehicle record check performed by the New Hampshire Department of Safety. It has further been explained that my date of birth is required in order to perform this record check.

I hereby, voluntarily, reveal my correct date of birth: \_\_\_\_\_ with the understanding that it will be utilized for this background check.

I also reveal the name of any state in which I have held a valid Drivers License.

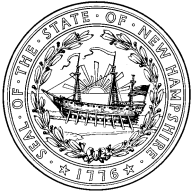
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

REV: 6/2008

\_\_\_\_\_  
Date:



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**STATEMENT OF UNDERSTANDING RELATIVE TO SECURITY  
RESPONSIBILITIES, PHYSICAL AGILITY TESTING,  
ACADEMY ENTRANCE REQUIREMENTS AND MEDICAL EXAMINATION**

As a candidate for Corrections Officer or Probation/Parole Officer, I understand that all institutional employees have a major responsibility for security at the institutions; that a major part of my job is public safety.

I acknowledge receipt of the Physical Agility Test Requirements. I understand that I will be required to pass all four (4) events. By signing this release I acknowledge that I must participate in a scheduled physical agility test program to demonstrate my physical conditioning by completing push-ups, sit-ups, bench press and 1 ½ mile run. Failure to pass the requirements may disqualify me from further consideration.

I understand, that the pre-service physical agility test is only to demonstrate that I can meet the standards, however, should I become employed and later be scheduled for the Correction Academy I may be scheduled to re-challenge the physical agility test for entrance into the Corrections Academy. Should I be employed and fail the entrance requirements for the Corrections Academy or fail to satisfactorily complete the Corrections Academy, I understand that my employment may be terminated with the New Hampshire Department of Corrections.

Also it has been explained to me that I will be required to pass a pre-employment medical examination by a medical agency designated by the New Hampshire Department of Corrections.

I understand the foregoing, and certify that insofar as I know, I will pass the medical examination because I am in good health and will be able to pass the physical agility test and that the major part of my job is institutional security. I also understand that while I participate in the Corrections Academy I will be required to wear a uniform.

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Witness

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Signature

---

Date

REV 3/2015



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NH DEPARTMENT OF CORRECTIONS

Weapons Qualification Inquiry

Within ten (10) working days of receipt, you are required to complete this inquiry and turn it in to your immediate supervisor. In completing the form you are advised that its purpose is to obtain information which will assist in the determination of whether personnel reassignment or administrative action including possible discharge for inability to perform essential job functions is warranted. You have a duty to complete this form. Disciplinary action can result from failure to do so or failure to reply fully and truthfully. In addition, the penalties for unshorn falsification under RSA 641:3 would apply.

Neither your answers nor any information or evidence gained therefrom can be used against you in any Criminal prosecution for unwittingly violating Title 18, US Code, Section 922 (g)(9). However, the answers you give and any information or evidence resulting therefrom may be used against you in a prosecution for knowingly and willfully providing false statements or information and the course of agency disciplinary proceedings under RSA 641:3.

1. Have you ever been convicted of a felony or of a misdemeanor crime of Domestic violence within the meaning of Title 18, US Code , Section 922 (g)(9), as it has been outline to you in the accompanying memo?  
  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. If you answered YES to the above question, provide the following information with regards to the conviction: Approximate date of conviction, location and the name of the court, docket or case number if known, and status or charge:

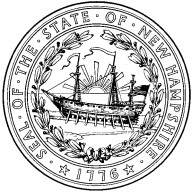
I hereby certify that to the best of my knowledge all of the information provided by me above is true, accurate, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for adverse action up to and including dismissal and criminal prosecution under state or federal law.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Submitted

REV: 6/2007





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NH DEPARTMENT OF CORRECTIONS

Notice of Federal Law  
Possession of Firearms and Ammunition

Title 18, US Code, Sec 922 (g)(9) effective September 30, 1996, makes it illegal for anyone who has EVER been convicted of a misdemeanor crime of domestic violence: to possess any firearm or ammunition. A misdemeanor crime of domestic violence is defined by this statute as any offense – whether or not explicitly described in a statute as a crime of domestic – which has, as its factual basis, the use or attempted use of physical force, or threatened use of a deadly weapon, committed by the victim's current or former domestic partner, parent, or guardian, or person similarly situated. This includes convictions in any state or at the federal level. The term "convicted" excludes anyone whose conviction has been annulled or expunged, or who has received a pardon.

This law applies to persons **convicted at any time prior to or after passage of this September 30, 1996 act. Moreover there is no exception for law enforcement officers.** If you have been convicted of a misdemeanor crime of domestic violence within the meaning of this statute, continued retention of any firearm (whether your own personal weapon or a department-issued one) or ammunition may subject you to federal criminal penalties of up to 10 years in prison and a \$250,000 fine, as well as administrative action.

If you are affected by this statute, you may not possess any firearm or ammunition, and you must turn in any department-owned firearm or ammunition to your immediate supervisor at once. Any previously issued authorization for you to possess a firearm or ammunition, including a pistol permit is revoked.

Attached to this memorandum is a qualification inquiry, which you must complete and turn in to Human Resources, Department of Corrections.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

REV: 6/2007

SELF REPORTED BACKGROUND EXPLANATIONS: for next page

If you answer YES to any of the self-reported background questions, please see below for the information you will need in explaining the YES answer. At the bottom of the self-reported (and possibly on the back of the form) write the letter of the question with a dash and then provide the requested information. i.e. A-Concord, NH, 1995, riding a stolen bicycle, released to parents, 20 hours community service.

A: where(city/State), when, why, final outcome (Concord NH, age 16, riding a stole bike, sent home with parents) or (Concord NH, age 23, caught with marijuana, \$200 fine)

B: where, when, final outcome (we know the why is for driving under the influence)

C: where, when, final outcome (we know the why)

D: what company and where located (chain restaurants/Businesses-be specific to which one), why

E: for military clearance; for employment (teachers, law enforcement, working with kids); due to criminal investigation. If due to criminal investigation-where, when, why, final outcome

F: Did you leave them all in good standing? If yes write: left all in good standing. If no: write same information as answer D. Were any of the jobs not listed in law enforcement? If Yes: where, when, why left. If NO write: none in law enforcement

G: You either do or you don't. If you don't know then you don't. NO NAMES. Just write the relationship (friend, brother, sister, mom, dad), where are they, potential release date, do you visit?

H: NO NAMES. Relationship, where, when, do you still visit

I: Possession includes any holding, touching, inhaling, drinking, licking, swallowing-any contact outside of lawful employment

For Each YES in this category must know when, how often, last use, did you sell? Did you sell for profit?

NOTE: using someone else's prescription of a controlled substance should be noted in #5.

J: where, when, final outcome

K: explain the situation including when

L: just a number-no explanation needed

YOU CAN USE THE BACK OF THE PAGE IF YOU RUN OUT OF SPACE

NH DEPARTMENT OF CORRECTIONS  
SELF REPORTED BACKGROUND

Please answer all of the following questions **accurately** and **truthfully**. A “yes” (Y) answer will not in, and of itself, disqualify you for employment. However, **willful misrepresentation could disqualify you**, so be truthful.

Circle (Y) for Yes and (N) for No.

- a. Have you ever been confined in a police lockup, a jail or a prison? Y N
- b. Have you ever been found guilty of driving under the influence of alcohol? Y N
- c. Have you ever been found guilty of driving under the influence of drugs? Y N
- d. Have you ever been fired from a job? Y N
- e. Have you ever been investigated by a law enforcement agency? Y N
- f. Have you held other jobs not listed on your state application? Y N
- g. Do you have a friend or relative in prison? Y N
- h. Have you ever visited an individual in prison or a jail? Y N
- i. Have you ever violated the law by having in your **possession** the following?
- |                                |          |          |
|--------------------------------|----------|----------|
| <b>1. Heroin?</b>              | <b>Y</b> | <b>N</b> |
| <b>2. Cocaine?</b>             | <b>Y</b> | <b>N</b> |
| <b>3. Marijuana?</b>           | <b>Y</b> | <b>N</b> |
| <b>4. Hallucinogens?</b>       | <b>Y</b> | <b>N</b> |
| <b>5. Other Illegal drugs?</b> | <b>Y</b> | <b>N</b> |
- j. Have you ever been investigated for sexual misconduct? Y N
- k. Is there **anything else** in your background related to the above questions which could cause **embarrassment** or **problems** if it were discovered later? Y N
- l. How many traffic violation (tickets) did you receive in the last year? \_\_\_\_\_
- Explanations of yes (Y) answers

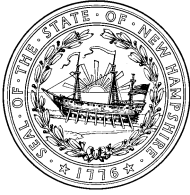
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\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

REV: 5/2013

Date: \_\_\_\_\_



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The Law Enforcement Applicant Inventory (LEAI) is just one part of the New Hampshire Department of Corrections selection process, and is used as a tool in determining who may be qualified for our positions.

The LEAI and your application are then reviewed and ranked. As Corrections Officer vacancies occur, individuals will be contacted to participate in the next phase of the hiring process.

*It is important that you respond to the questions accurately. Applicants will be asked to verify information, including, but not limited to: responses to the LEAI and other questions relevant to the role of law enforcement, during a POLYGRAPH TEST.*

It is equally important that you carefully read and respond to the questions asked. A common mistake is that applicants are not reading the elapsed time portion of the questions carefully (i.e. "In the last 3 years have you...").

**Do not skip any questions as it could be interpreted as avoiding sensitive questions.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. Have you previously applied for employment with the NH State Department of Corrections?

NO \_\_\_\_\_ YES \_\_\_\_\_ If so, When? \_\_\_\_\_

2. Have you ever taken a test for the NH State Department of Corrections?

NO \_\_\_\_\_ YES \_\_\_\_\_ If so, When? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

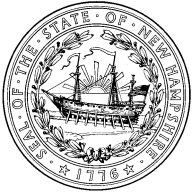
**I understand that I will be required to take a Polygraph Test/Exam as a Condition of Employment.**

\_\_\_\_\_  
**Signature**  
REV: 5/2013

\_\_\_\_\_  
**Date**

[illegible]

REV: 6/2007



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**SUPPLEMENTAL JOB DESCRIPTION**

Classification: Corrections Officer Function Code: 2274-046

POSITION TITLE: \_\_\_\_\_ Date Established: 8/15/88

Position Number: \_\_\_\_\_ Group \_\_\_\_\_ Date of Last Amendment: 3/9/00

SCOPE OF WORK: To enforce discipline, orderly behavior and the confinement of incarcerated inmates to provide the appropriate level of public and institutional safety. Also to perform duties required of assigned posts and/or programs.

**ACCOUNTABILITIES:**

- Observes and controls resident movement and behavior to preclude escape or violent incidents.
- Supervises the operation of an inmate housing unit when only officer on duty and in order to maintain the order and discipline of the inmates.
- Performs security tasks such as inmate body searches, property and ground searches to assure public and institutional safety.
- Reports information on residents for administrative purposes, including disciplinary and classification hearings and judicial hearings so that these boards have complete information for their decision.
- Transports inmates to and from designated areas to ensure orderly movement of inmates.
- Performs work activities which require strenuous activities such as frequent reaching, bending, lifting as well as fine manual dexterity of coordination in the use of equipment such as firearms, handcuffs and in applying physical restraints, to control and observe inmates and the work environment to insure institutional safety and security.

Reference Checks:

Name: \_\_\_\_\_

Schools attended in past 10 years:

Social Clubs/Organizations:

Police Departments of applicant residence(s):

**PERSONAL REFERENCES FOR:** \_\_\_\_\_

**SPOUSE (if applicable):** \_\_\_\_\_

Please provide at least 2 names, addresses and phone numbers for each of the following category. If you do not rent the space you live in, write N/A in the Landlord area.

**PRESENT NEIGHBORS:**

**PAST NEIGHBORS:**

**LANDLORDS IF APPLICABLE:**

**FRIENDS:**

**KEEP THIS ONE FORM AND BRING WITH YOU IF INVITED TO INTERVIEW BOARD**

Revised 5/2013